



Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)

13 DEC -2 19:06

For filing with the Department of Ecology *or* with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 12-2-2013
CHECK NO. _____ FEE \$ OK
DATE ACCEPTED 12-10-2013 BY KT
CHANGE NO. C63-104794C@1
COUNTY Grant WRIA 41
SPECIAL AREA Quincy Basin

SEPA: ☒ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. 4794 PERMIT NO. 4737
CERT NO. 3874-A CERT OF CHG NO. _____

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL
SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

☐ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME City of George	PHONE NO. (509) 785-5081	FAX NO. (509) 785-4880
ADDRESS 102 Richmond		
CITY George	STATE Washington	ZIP CODE 98824
EMAIL ADDRESS (IF AVAILABLE) geoclerk@smwireless.net		

CONTACT (IF DIFFERENT FROM ABOVE) Lawrence C. Julius	PHONE NO. (509) 453-4833	FAX NO. (509) 453-5953
ADDRESS 107 South Third Street		
CITY Yakima	STATE Washington	ZIP CODE 98901
EMAIL ADDRESS (IF AVAILABLE) ljulius@g-o.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Port District No. 1 of Grant County	PHONE NO. (509) 787-3715	FAX NO. (509) 787-2525
ADDRESS 840 F Street SW		
CITY Quincy	STATE Washington	ZIP CODE 98848
EMAIL ADDRESS (IF AVAILABLE) Manager@portofquincy.org		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER 3874-A	RECORDED NAME(S) City of George
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>N/A</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	3	NE	NE	7	18N	24E	313314000	ALF689

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	4	SE	NE	31	19N	24E	030969125	N/A

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME: Port District No. 1 of Grant County

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal supply and industrial use	1,000 gpm	672*	continuous

* The total annual withdrawal is 672 acre-ft/yr from City Well Nos. 1, 2, and 3.

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

City of George, Grant County, Washington

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Elliot Kooy</u> Applicant Printed Name - Title	<u>Elliot Kooy</u> Applicant Signature	<u>11/19/13</u> (Date)
<u>Elliot Kooy</u> Water Right Holder Printed Name	<u>Elliot Kooy</u> Water Right Holder Signature	<u>11/19/13</u> (Date)
<u>Patric Connolly</u> Land Owner of Existing Place of Use Printed Name	<u>Patric Connolly</u> Land Owner of Existing Place of Use Signature	<u>11/19/13</u> (Date)
<u>Patric Connolly</u> Land Owner of Proposed Place of Use Printed Name	<u>Patric Connolly</u> Land Owner of Proposed Place of Use Signature	<u>11/19/13</u> (Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____